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ABSTRACT

Although considerable data exist linking individual lifestyle variables to health outcomes, little is known about how the elderly differ from younger adults with respect to both their health seeking behavior and their beliefs about health. A national survey contrasted 155 persons aged 65 years of age or older with 1100 younger adults in order to identify behavioral and affective differences in health associated with age. In general the elderly were more likely to report poorer health and to be less optimistic about the degree of control possessed over their future health status, although they were significantly more likely to comply with salutary dietary practices than were their young counterparts. They also reported considering these practices as more important and rated their self-efficacy with respect to effecting them considerably higher. While more compliant with a number of preventive behaviors, the elderly were significantly deficient in certain specific areas such as exercise, having their cholesterol blood levels monitored regularly, participating in medical treatment decisions, and in their knowledge with respect to cancer prevention. It was concluded that these data have the potential to provide a relatively comprehensive picture of the elderly's health seeking experiences and beliefs and to serve as a mechanism by which both strengths and deficits therein are identifiable. (Author/NB)

Differences in Affective and Behavioral Health-Related Variables Associated with Age

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Abstract

A national survey contrasted 155 persons aged 65 years of age or older with 1100 younger adults in order to identify behavioral and affective differences in health associated with age. In general the elderly were more likely to report poorer health and to be less optimistic about the degree of control possessed over their future health status, although they were significantly more likely to comply with salutary dietary practices than their young counterparts. They also considered these practices as more important and rated their self-efficacy with respect to effecting them considerably higher. While more compliant with a number of preventive behaviors, the elderly were significantly deficient in certain specific areas such as exercise, having their cholesterol blood levels monitored regularly, participating in medical treatment decisions, and in their knowledge with respect to cancer prevention. It is felt that these data have the potential to provide a relatively comprehensive picture of the elderly's health seeking experiences and beliefs as well as serve as a mechanism by which both strengths and deficits therein are identifiable.

Differences in Affective and Behavioral Health-Related Variables Associated with Age

Although a relatively solid empirical base of longitudinal studies exists linking individual life-style variables to health outcomes, the preponderance of this research has studied chiefly middle-aged or younger adults. There is also a growing body of evidence suggesting that both mortality and morbidity among the elderly are also a function of age, however. It is interesting, therefore, how little we really know about how the elderly differ from the nonelderly with respect to both their health seeking behavior and their beliefs about health.

The basic purpose of this study was to explore this issue via a replication and an extension of a study appearing in next month's Gerontologist (October, 1986) that compared the elderly to adults between the ages of 18 and 64 with respect to a relatively wide range of recommended health seeking behaviors. To briefly summarize the results of this earlier study, the elderly were generally found to be more likely to engage in health seeking behavior, although exceptions (namely visiting a dentist, engaging in strenuous exercise, owning a smoke detector, and sleeping from 7-8 hours per night) to that generalization existed. The present study included (1) these four behaviors upon which the elderly were found to be deficient, (2) a wide range of other behaviors that the elderly were found to engage in more frequently (e.g., dietary behaviors and accident avoidance practices), (3) additional health seeking behaviors not yet studied in this group (e.g., the use of recreational drugs, obtaining cholesterol blood tests, use of smokeless tobacco), and (4) a number of health belief variables hypothesized to be

related to such behavior by the Preventive Behavior Model (see the March, 1986 issue of EVALUATION AND THE HEALTH PROFESSIONS).

Method

Sample

A telephone interview of 1256 adults 18 years of age and older was conducted using a random digit dialing procedure stratified by geographical region (i.e., east, south, midwest, and west) and metropolitan versus non-metropolitan residence within regions. A callback procedure for unavailable respondents or busy signals resulted in a 68% acceptance rate. Of the 1255 complete interviews obtained, 155 were from respondents 65 years or older and 1100 were within the 18 to 64 age range.

Interview

The interview consisted of asking respondents (1) the degree to which they complied with a number of health-seeking behaviors, (2) their self-perceived health status, stress levels, and satisfaction with life, and (3) the degree to which they felt they had control over their future health, their self-perceived ability to engage in health seeking behavior, their motivation to do so, and the efficacy of such behavior.

Results

Health Status and Stress

The elderly group reported significantly poorer health statuses, projected that they would be even worse off in 20 years, and were more likely to report a present physical disability that influenced with their daily activities. They reported significantly less stress in their lives, however, and generally reported higher satisfaction with their lives than the younger group. These and other findings are summarized in Tables 1 through 3.

Health Beliefs

Somewhat surprisingly, the elderly group reported that their health was less important to them personally than did the younger group. They also believed that they had less control over their future health status but perceived themselves to be more capable of engaging in the surveyed behaviors than did the younger group. No differences were observed between the two groups with respect to the efficacy of the behaviors in preventing illness and death (which was contradictory to the previous study mentioned above) or with respect to the respondents' motivation to engage therein. Interestingly, the younger group was more likely to have been influenced by a medical problem experienced by someone close to them or to have received medical advice from a close friend or relative. Younger people were also more likely to have been influenced by something about health they had read in a book or magazine.

Health Seeking Behavior

When viewed as a composite (i.e., when the dichotomously scored compliance/noncompliance reports were summed for the 36 behaviors surveyed), the elderly group tended to engage in a more preventively oriented lifestyle than did the younger group. Examination of Tables 1 through 3, however, shows

decidedly differential patterns of compliance between the two groups with statistically significant differences favoring the elderly group surfacing on 12 behaviors (i.e., serum cholesterol monitoring, five dietary items, three addictive substance behaviors, and three accident related behaviors) and statistically significant differences in the opposite direction for eight preventive acts (degree of participation in one's medical treatment, regular dental visits, regular exercise, regular strenuous exercise, stress reduction steps, sleep, use of sun screen, and regularity of Pap smears). (The sleep, exercise, and dental behaviors were also found to be deficient among the elderly in THE GERONTOLOGIST article.)

No statistically significant differences were observed for 16 of the behaviors, including such important preventive acts as wearing seatbelts and breast self-exams. These nonstatistically significant differences are detailed in Table 3.

Discussion

These data suffer from a number of limitations inherent in all telephone interviews, including the facts that: (1) all the information obtained was based upon self-reports, and (2) various subgroups within the population are inevitably under-represented in a telephone interview (including the very poor and the very old).

Still, within these constraints, the data clearly indicate that persons 65 years of age and older do differ from other adults with respect to their compliance with recommended health-seeking behaviors and with respect to a number of other health related variables.

Generally speaking, the elderly tend to engage in more recommended health practices than their younger counterparts, possibly because they perceive their mortality more acutely, possibly because persons who engage in sensible lifestyles are more likely to live longer in the first place. These data are probably most useful, however, in identifying areas in need of remediation among the elderly population.

Several of the behaviors listed in Table 2 (i.e., differences favoring the younger group) are not particularly problematic. Since the elderly report they experience less stress to begin with, for example, it is not as crucial that they take to steps to reduce it. Similarly, the use of sun screens is not as important for the elderly as it is for the young because they probably do not suffer from a similar degree of over exposure. It is unfortunate, however, that the elderly do not feel that they have as much say over their medical treatment and do not engage in behaviors such as regular dental visits or regular Pap smears as often as other age groups. Further, even some behaviors for which no differences between the two groups were observed (e.g., regular breast self-exams, wearing seatbelts, owning smoke detectors) were still engaged in by relatively few elderly persons, thereby indicating the existence of a very real need for health promotion activities among persons 65 years of age and over, perhaps accompanied by the message that, to a large extent, our future health status is largely in our own hands regardless of our age.

Table 1

Differences Favoring the Elderly

	p
Health Status/Stress	
1. Experience less stress on daily basis	.001
2. Have enough time for daily tasks	.002
3. Life satisfaction	.001
Health Beliefs	
1. Self-efficacy (or ability to engage in behaviors)	.001
Health Seeking Behaviors	
1. Regular serum cholesterol monitoring	.014
2. Avoid excessive salt	.001
3. Avoid excessive fat	.001
4. Consume adequate fiber	.020
5. Avoid excessive cholesterol	.006
6. Avoid excessive caffeine	.001
7. Abstain from smoking	.014
8. Moderate alcohol consumption	.001
9. Drive at speed limit	.001
10. Avoid driving after drinking	.001
11. Take steps to avoid home accidents	.001
12. Abstain from drugs for recreational purposes	.001

Table 2

Differences Favoring the Younger Group

	p
Health Status	
1. Self-rated health status	.001
2. Projected health status in 20 years	.001
3. Absence of physical disability	.001
Health Beliefs	
1. Importance of health to respondent	.001
2. Control over future health	.001
3. Received information from books and magazines that influenced health practices	.001
4. Influenced by medical problem of someone close to respondent	.001
5. Received lifestyle advice from close friend or relative	.001
Health Seeking Behaviors	
1. Degree of participation in medical treatment	.001
2. Regular dental visits	.001
3. Regular Pap smears	.001
4. Regular exercise	.038
5. Regular strenuous exercise	.001
6. Take steps to reduce stress	.001
7. Get 7-8 hours sleep	.017
8. Use sun screen	.001

Table 3

Variables upon which no Statistically Significant Differences were Found

Health Status

1. Personal medical problem influencing lifestyle

Health Beliefs

1. Belief in efficacy of health seeking behavior
2. Motivation to engage in behaviors

Health Seeking Behaviors

1. Regular blood pressure checks
2. Regular breast self-exam
3. Consume adequate vitamins/minerals
4. Avoid excessive sugar
5. Consume adequate calcium
6. Avoid harmful food additives
7. Consume fish regularly
8. Consume vegetables in the cabbage family regularly
9. Use of smokeless tobacco
10. Socialize regularly
11. Always wear seat belts
12. Own smoke detector
13. Have fire escape plan
14. Have skid free surface on tubs and showers
15. Number of daily cups of coffee consumed
16. Active in community or social groups